

COMMONWEALTH OF VIRGINIA  
**DECLARATION OF ESTIMATED LICENSE TAX  
AND ESTIMATED ASSESSMENT**  
FOR  
2<sup>nd</sup> QUARTER, 2005

60

STATE OF DOMICILE

FEIN #

NAIC #

Name of Insurance Company

THIS FORM MUST BE USED FOR THE FILING OF A DECLARATION OF ESTIMATED LICENSE TAX AND ESTIMATED ASSESSMENT REQUIRED BY SECTION 58.1-2520.A. AND SECTION 38.2-407.A., CODE OF VIRGINIA, AS AMENDED, AND PAYMENT OF ESTIMATED LICENSE TAX AND ESTIMATED ASSESSMENT DUE IN ITEM 6. PLEASE MAKE CHECK PAYABLE TO **TREASURER OF VIRGINIA** AND SEND IT, ALONG WITH THIS FORM TO **Wachovia Bank/State Corporation Commission, TAA Insurance 2, P. O. Box 759064, Baltimore, MD 21275-9064.**

Form ID: 602051

NAIC #:

Date Due: **JUNE 15, 2005**

	PREMIUM LICENSE TAX (1)	MAINTENANCE ASSESSMENT (2)
1. License tax and assessment liability paid in prior calendar year (per 2004 tax and assessment reports, as audited).....	\$	\$
2. Estimated tax and assessment payable this year .....	\$	\$
3. Estimated Payments made this year.....	\$	\$
4. Remaining Unpaid Balance.....	\$	\$
5. Amount due with this declaration.....	\$	\$
6. Total Amount Due (Line 5, Col. 1 + Line 5, Col. 2).....	\$	

**TAX CONTACT INFORMATION:**

TAX CONTACT Name or Address, etc. **HAS NOT** changed.  
No action needed.

TAX CONTACT Name or Address, etc. **HAS** changed.  
Complete the Tax/Assessment Address and Contact Form and return it with this Declaration.

I CERTIFY that this is a true, correct, and complete declaration.

(SIGNATURE OF OFFICER)

(TITLE)

(DATE)

CERTIFIED ARTICLE NUMBER